

AMENDMENTS TO THE SPECIFICATION

Amend the specification paragraphs [0002], [0009], [0012], [0015], [0019], [0023], [0025], [0028], [0031], and [0037] as follows:

[0002] The present invention relates to an apparatus and method for anchoring surgical suture to bone. More specifically, the present invention relates to arthroscopic apparatus and methods for anchoring suture to bone using a ~~push-in~~ suture anchor having suture molded directly into the body of the suture anchor.

[0009] The ~~push-in~~ suture anchor of the present invention has a central body, a distal end, and a proximal end. The body preferably has tapered ribs formed along the distal portion, terminating in a blunt or rounded proximal end. The proximal end of the suture anchor body preferably has a round, tapered drive head which is received in a recess of a hand driver.

[0012] Fig. 1 is a plan view of the ~~push-in~~ suture anchor of the present invention.

[0015] Fig. 4 is a plan view of a hand driver for inserting the ~~push-in~~ suture anchor of the present invention.

[0019] Fig. 8 is a plan view of an alternative hand driver for a method of capsular plication using the ~~push-in~~ suture anchor according to the present invention.

[0023] Referring to Figs. 1-3, the present invention is shown as a ~~push-in~~ suture anchor 2 having suture 4 that is insert-molded directly into the suture anchor body 6 during the manufacturing process.

[0025] At least one length of the insert-molded suture 4 extends from the proximal end of the suture anchor body. Preferably, the suture extends from the suture anchor body in the form of a loop. Various methods of increasing the pull out strength of the suture from the anchor body are disclosed in U.S. Pat. No. 5,964,783 to Grafton et al. which issued on October 12, 1999 and is assigned to the present applicant, the entire disclosure of which is incorporated herein by reference.

[0028] The suture anchor is inserted pushed into a hole formed in bone. The hole can be formed by punching or boring, for example. The ribs secure the anchor in the bone. The slots enhance attachment in the bone and support bony in-growth for increased pull out strength.

[0031] The push in suture anchor of the present invention is particularly well suited for reattachment of the glenoid labrum or inferior glenohumeral ligament in patients with primary or recurrent anterior dislocation or subluxation of the shoulder in association with adequate post-operative immobilization. More specifically, the anchor also can be used for repair procedures such as capsulabral plication, as described below.

[0037] The selected suture leg is loaded through the implant eyelet. The implant 2 is positioned on plication driver 40 so that the open side of the eyelet 4 faces the open slot 52 on the driver. The suture leg will exit the slot 52 on the driver 40. The implant with driver is inserted pushed into the prepared pilot hole by hand. A mallet then is used to advance the implant into the hole. The implant is advanced until a second laser line 54 on the distal tip of the driver is flush with the bone surface and a laser line 56 on the proximal part of the implant driver shaft is flush with the back of the spear handle.